FILED
Sep 10, 2004 8:00 am
Secretary of State
08-23-2004 90153 014 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/23/

DOCUMENT # L03000043112

1. Entity Name
UNIT 1010 GRAND DUNES, LLC

34010338

Principal Place of Business	Mailing Address
9735 US HIGHWAY 98W DESTIN, FL 32550	9735 US HIGHWAY 98W DESTIN, FL 32550
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04122004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-0374837 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLOWICH, JOHN F ESQ.
~~LAW OFFICES OF LAMAR A. CONERLY, P.A.~~
~~4481 LEGENDARY DRIVE, SUITE 200~~
~~DESTIN, FL 32541~~

7. Name and Address of New Registered Agent

Name: Colowich, John F. Esq.
Street Address (P.O. Box Number is Not Acceptable): Law Offices of John F. Colowich
1234 Airport Road, Ste 128
City: Destin FL Zip Code: 32541

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 8/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSS, MARY ANN 730 GRAND VILLA DRIVE MIRAMAR BEACH, FL 32550 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mary Ann Ross 8/18/04 850-837-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #